

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number; PATENT APPLICATION FEE DETERMINATION RECORD P01252US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Cokers 1) RATE FEE NUMBER FILED NUMBER EXTRA FOR RATE FEE BASIC FEE **370** OR 900 370 (37 CFR 1.16(a)) TOTAL CLAIMS <u>x s 1 8</u> minus 20 = x \$<u>9</u> 369 OR 61 INDEPENDENT CLAIMS 42= x84 minus 3 = OR 126 6 (07 CFR 1.16(b)) O7 CFR 1.16(40) MULTIPLE DEPENDENT CLAIM PRESENT 140 OR +280= TOTAL 865. **O**R TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Cohumn 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total Minus ഗ (37 CFR 1.16(c)) OR Independent Minus σk (37 CFR 7.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL. OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Cotumn 1) **CLAIMS** HIGHEST' ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FFF. AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) .. = Minus OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(4)) OR TOTAL TOTAL OR TOTAL ADDIT. FEE ADDIT, FEE (Cohma 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING TIONAL NUMBER RATE TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR •• Total (37 CFR 1.16(e)) Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE ADDIT. FEE

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Satement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.